DENTAL ASSISTANT SPECIALTY

Volume 5. Patient Administration

381st Training Squadron

917 Missile Road

Sheppard AFB TX 76311-2246

**Qualification Training
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Pages: 31

Volume 5, *Patient Administration*, Qualification Training Package (QTP) contains modules on the initiation of dental health records, preparing medical consultations, verifying patient eligibility, identifying types of exams and dental readiness classifications, and scheduling patients for appointments. This QTP is designed to enhance 5-, and 7-skill level OJT of dental assistant personnel. All eight QTPs are intended to be used by trainees, trainers, supervisors, and task certifiers. Before initiating any training you should review your responsibilities--as a supervisor/trainer--for conducting on-the-job training (OJT) per AFI 36-2201, *Developing, Managing, and Conducting Training.*

QTPs are designed to help you conduct and evaluate your field training. Once you begin upgrade training you are required to use the QTPs. QTPs provide continuity to the trainee's upgrade training and are divided into the following volumes: 1) *Basic Skills;* 2) *Clinical Skills - Radiology;* 3) *Clinical Skills - Chairside Assisting;* 4) *Clinical Skills - Preventive Dentistry,* 5) *Patient Administration,* 6) *Dental Data System,* 7) *Logistics Management, and* 8) *Clinic Management.* The QTP modules were written to assist you in preparing for and conducting training. You *must* use the QTP modules for training when either: 1) the STS task is a core task (minimum qualification for the specialty); or 2) you have identified the STS task as a requirement of the trainee's job. Each module segments the major tasks into teachable elements. Your goal is to provide enough training and guidance so trainees can do all task related steps, without assistance, while meeting local requirements for speed and accuracy. QTPs also aid OJT task certifiers in evaluating the trainees demonstrated performance. If you have local training requirements not covered by a QTP module you *should* develop "steps in performance" and "performance checklists" that support and standardize those tasks.

Accompanying each volume of QTPs is a *qualification training progress record.* This QTP record serves as a document to record the date the trainee completes each module. Individuals in qualification/upgrade training must have this QTP progress record filed in their OJT folder. Use and annotation of this progress record are similar to current OJT documentation. When *you* are satisfied the trainee meets standards, as prescribed in the QTP performance checklist, *you* must document and initial each task completion date in column 2B of the Specialty Training Standard (STS) and the "date completed" column in the QTP progress record. If a person is being recertified on a task that is supported by a QTP you must use that module to complete the recertification process.

Typically, you will manage each module by first, training the tasks and then, evaluating performance. Your local steps in performance may vary from the method listed in the QTP module. If this is the case, you are authorized to make changes to the first half of each module, (i.e. steps in task performance); however, the "performance checklist" is considered a *standard* and cannot be altered. You may

train each QTP volume/module in any sequence; however, when conducting training use an organized and methodical approach. This will reduce your training time and enhance your efforts.

When beginning any training process you should first, review the procedures in each module with the trainee. Second, direct the trainee to review the training references listed to prepare for task performance. Third, go through the steps in task performance with the trainee, allowing enough time to adequately train each step (some modules may take longer to teach). Fourth, evaluate the trainees work at each critical step--using the performance checklist at this point will be helpful. Fifth, evaluate the trainee's performance and provide feedback on any areas for improvement. Finally, when the trainee has successfully completed the task you must document and initial both the STS and the QTP progress record. If the trainee does not accomplish the module, conduct follow-up instruction until the trainee successfully completes the task.

The QTP project goal of the 381 TRS/XWAA, Sheppard AFB TX, is to publish a useable document for trainers and trainees. You are encouraged to write-in changes or revisions to the QTPs. A corrections/improvements letter is located on the last page of each QTP volume.

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MODULE 5-1   VERIFYING PATIENT ELIGIBILITY FOR CARE & SCHEDULING PATIENT FOR AN APPOINTMENT

STS TASK REFERENCES:

    4c   Verify patient eligibility for care
    4d   Schedule patients for appointments

TRAINING REFERENCES:

    AFI 41-115, _Authorized Health Care and Health Care Benefits in the Military Health Services System_
    AFI 47-101, _Managing Air Force Dental Services_
    AFI 41-210, _Instructions for Patient Administration Function_

EVALUATION INSTRUCTIONS:

    After ensuring the trainee has received sufficient supervised practice, evaluate trainee's abilities using the performance checklist

PERFORMANCE RESOURCES:

AF Form 490, Medical/Dental Appointment
AF Forms 1223/1223a, Dental Appointment Register
CHCS Appointment system (if applicable)
Government Appointment book
Dental Health Record
DEERS System
Patient Military Identification card

STEPS IN TASK PERFORMANCE:

1. Verify patient eligibility by inspecting patient's ID card expiration date
2. Verify family member and retiree eligibility with ID card and the Defense Eligibility and Enrollment Reporting System (DEERS) check
3. Annotate appointment on CHCS, AF Forms 1223/1223a, or government appointment book
4. Complete AF Form 490
5. Instruct patient to sign AF Form 490
6. Provide patient with copy of AF Form 490
7. Inform patient of clinic's cancellation policy
8. Attach remaining AF Form 490 into patient's dental health record

**MODULE 5-1   VERIFYING PATIENT ELIGIBILITY FOR CARE & SCHEDULING
                      PATIENT FOR AN APPOINTMENT**

PERFORMANCE CHECKLIST

INSTRUCTIONS:

>   The trainee must satisfactorily perform all parts of the task without error or assistance.
>   Evaluate the trainee's performance using this checklist.

DID THE TRAINEE…?	YES	NO
1. Request patient's ID card to check expiration date and verify eligibility (DEERS check if applicable)		
2. Correctly annotate appointment on CHCS, AF Forms 1223/1223a, or government appointment book		
3. Complete AF Form 490 and have patient sign		
4. Provide patient with copy of AF Form 490		
5. Place remaining AF Form 490 in patient's dental health record		

FEEDBACK:

>   Provide trainee with appropriate feedback. (Refer to Introduction)

MODULE 5-2   INITIATING DENTAL HEALTH RECORDS

STS TASK REFERENCE:

    4a(2)   Initiate dental health records

TRAINING REFERENCES:

        CDC 4Y051B
        AFI 37-138, _Records Disposition--Procedures and Responsibilities_
        AFMAN 37-139, _Records Disposition Schedule_
        AFI 47-101, _Managing Air Force Dental Services_
        AFI 41-210, _Patient Administration Functions_
        Local Instructions

EVALUATION INSTRUCTIONS:

        After ensuring the trainee has received sufficient supervised practice, evaluate trainee's abilities using the performance checklist

PERFORMANCE RESOURCES:

AF Form 490, Medical/Dental Appointment
AF Form 570, Notification of Patient's Medical Status
AF Form 696, Dental Patient Medical History
AF Form 745, Sensitive Duties Program Record Identifier
AF Form 966, Tumor Registry
AF Form 1418; Recommendation for Flying or Special
  Operational Duty – Dental
AF Form 2100B-2190B, Health Record-Dental Folder
DD Form 2005, Privacy Act Statement-Health Record
Standard Form 513, Medical Record – Consultation
Standard Form 603, Health Record-Dental
Authorized Stamps, i.e. (FLY, Date, Base)
Black Felt-Tipped Marker
Dental Radiograph
Filing System
Identification Card
Marking Tape
Pencil
X-Ray Envelope

STEPS IN TASK PERFORMANCE:

AF Form 2100 Series, Health Record-Dental
1. Verify patient's SSAN using identification card
2. Check DEERS eligibility for non-military
3. Direct patient to complete an AF Form 696 and DD Form 2005
4. Select correct AF Form 2100B, Health Record-Dental folder based on terminal digit filing
5. Use a black pen or felt-tip marker to write in the following information
   a. Two-digit family member prefix code inside the preprinted circles at top, center of cover
   b. Sponsor's SSAN in blocks at upper right-hand corner of the record cover
   c. Create a pseudo-social security number (SSAN) for individuals without a SSAN
   d. Patient's first name, middle initial, and last name in the Patient Identification block; a computer generated label with the information is also acceptable
6. Blacken out or place black tape over the last digit of patient's SSAN on right edge of folder (apply to front and back cover)
7. Place black tape over the "S" on right edge of folder for each active duty Air Force member (apply to front and back cover)
8. Blacken out current year of treatment for retirees/non-military near the right edge folder
9. Blacken out appropriate patient status block (i.e. military, retired military, or non-military)
10. Use a pencil to write the following information into the respective places on the front cover
    a. Service and grade of active duty and retired military members
    b. Date individual were placed into the Personnel Reliability Program (PRP)
    c. Date of last exam for Food Handlers
    d. Date DD Form 2005 was signed by the patient
    e. DEERS eligibility/insurance coverage for non-military patients IAW local policy
11. Records of flying personnel must be identified with a strip of black tape on the right edge of the record, extending immediately below block "9" to the bottom of the record. If tape is unavailable, use black ink as an interim measure
12. Write or stamp the word "FLY" in 2-inch block letters on the upper left-hand corner of the front cover]

Putting the record together
1. Verify that the patient has completed forms correctly/completely
2. Attach DD Form 2005, SF 603/603A, AF Form 570, Standard Form 513, AF Form 1418, then AF Form 490, on left inside leaf of record
3. Attach x-ray envelope, dental radiographs, AF Forms 966, 696, and 745, on right inside leaf
4. Complete Section I and the Patient Identification block of the SF 603. Use a pencil to make entries in the following three blocks; Component/Status, Rank/Grade, and Organization. Type or annotate in pen the remaining entries

MODULE 5-2   INITIATING DENTAL HEALTH RECORDS

PERFORMANCE CHECKLIST

INSTRUCTIONS:

The trainee must satisfactorily perform all parts of the task without error or assistance. Evaluate the trainee's performance using this checklist.

DID THE TRAINEE…?	YES	NO
1. Select required AF Form 2100 series folder		
2. Correctly complete all required areas of 2100 series		
3. State steps for verifying and annotating DEERS eligibility and insurance coverage for family members and retirees		
4. State steps for identifying the record as Flyer		
5. Verify the all forms are correctly and completely filled out		
6. Place all forms in record (correct side and order)		
7. Complete required entries on AF Form 603		

FEEDBACK:

Provide trainee with appropriate feedback. (Refer to Introduction)

**MODULE 5-3   ASSISTING WITH REQUESTS FOR MEDICAL SERVICE
                        CONSULTATIONS**

STS TASK REFERENCE:

> 4a(3)(a)   Assist with written requests for medical service consultations

TRAINING REFERENCES:

> CDC 4Y051B
> AFI 47-101, *Managing Air Force Dental Services*

EVALUATION INSTRUCTIONS:

> After ensuring the trainee has received sufficient supervised practice, evaluate trainee's
> abilities using the performance checklist

PERFORMANCE RESOURCES:

SF 513, Medical Record Consultation Form
AF Form 696, Dental Patient Medical History
AF Form 2100B Series, Health Record-Dental

STEPS IN TASK PERFORMANCE:

1. Transcribe patient information onto SF 513
2. Record initiation of consult in the consult log or use local method monitor consult progress
3. Instruct patient on proper procedure
4. Forward SF 513 to appropriate clinic for continuation of care
5. Retain one copy in patient's record

**MODULE 5-3   ASSISTING WITH REQUESTS FOR MEDICAL SERVICE
                              CONSULTATIONS**

PERFORMANCE CHECKLIST

INSTRUCTIONS:

> The trainee must satisfactorily perform all parts of the task without error or assistance.
> Evaluate the trainee's performance using this checklist.

DID THE TRAINEE…?	YES	NO
1. Accurately transcribe patient information onto SF 513		
2. Document consult log or utilized local auditing method		
3. Forward SF 513 to appropriate clinic for continuation of care		

FEEDBACK:

> Provide trainee with appropriate feedback. (Refer to Introduction)

MODULE 5-4   RECORDING INFORMATION IN THE DENTAL HEALTH RECORD
MODULE 5-4A CHARTING MISSING TEETH AND EXISTING RESTORATIONS

STS TASK REFERENCES:

      4a(3)(b)   Use correct diagnostic nomenclature, abbreviations and charting symbols
      4a(3)(c)   Review and make entries on patient treatment forms

TRAINING REFERENCES:

      CDC 4Y051B
      AFI 47-101, *Managing Air Force Dental Services*

EVALUATION INSTRUCTIONS:

      After ensuring the trainee has received sufficient supervised practice, evaluate trainee's abilities using the performance checklist

**PERFORMANCE RESOURCES:**

      Pen
      SF Form 603
      AF Form 2100 Series, Health Record-Dental

STEPS IN TASK PERFORMANCE:

1. Instruct the trainee to chart the following missing teeth and existing restorations using black or blue-black ink in Section 4 of SF 603
    *   #1 Missing tooth
    *   #2 Mesio-Occlusal Combination restoration, AM, Gold
    *   #3-5 Porcelain-fused-to-metal fixed partial denture, complete
    *   #6 3/4 Gold Crown
    *   #7 Primary tooth D present
    *   #8 Distal non-metallic restoration
    *   #9 Non-metallic Jacket Crown
    *   Retained Primary cuspid H between #10 & #11
    *   #11 Root Canal, Porcelain-fused-to-metal crown complete ceramic Coverage, Cast Gold Post and Core
    *   #12-14 Porcelain-fused-to-metal Fixed Partial Denture, Porcelain facings only
    *   #15 Mesio-Occlusal-Lingual Gold Inlay
    *   #16 Missing tooth
    *   #17-19, 30-32 Extracted replaced by removable partial denture
    *   #20 Mesio-Occlusal-Distal amalgam (MOD)
    *   #21 Root Canal and Overdenture with Gold Coping
    *   #22 Facial non-metallic restoration
    *   #23 Disto-Incisal non-metallic restoration with pins
    *   #25 Root Canal and apicoectomy with lingual nonmetallic restoration
    *   #27 Complete Gold Crown
    *   #28 Root Canal and Overdenture Abutment with gold coping
    *   #29 Distal-Occlusal-Lingual amalgam restoration with pins

2. Check charting against the following figure:
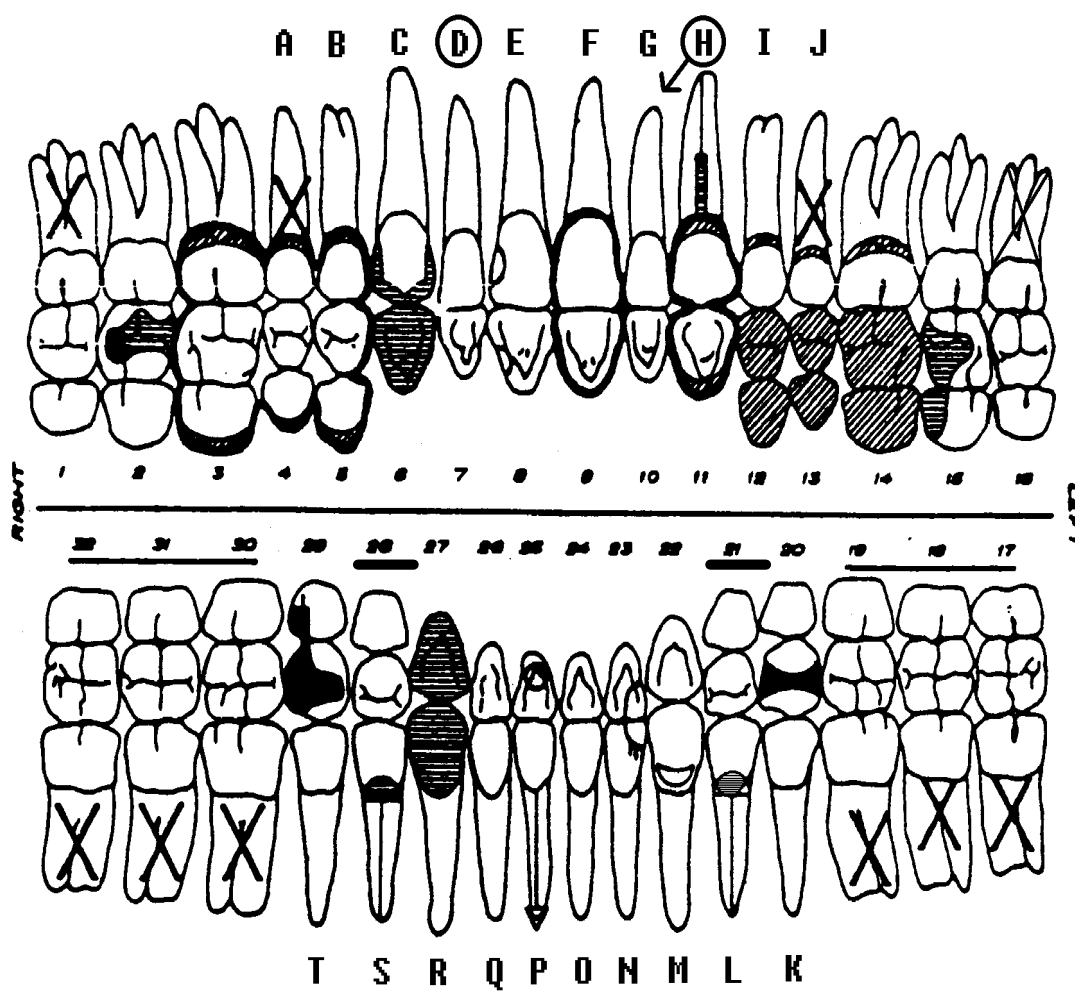
MODULE 5-4A   CHARTING MISSING TEETH AND EXISTING RESTORATIONS

PERFORMANCE CHECKLIST

INSTRUCTIONS:

>   The trainee must satisfactorily perform all parts of the task without error or assistance.
>   Evaluate the trainee's performance using this checklist.

DID THE TRAINEE…?	YES	NO
1. Chart findings in Section 4 of SF 603		
2. Use accurate charting symbols		
3. Use black or blue-black ink		

FEEDBACK:

>   Provide trainee with appropriate feedback. (Refer to Introduction)

MODULE 5-4B   CHARTING DISEASES AND ABNORMALITIES

STS TASK REFERENCES:

      4a(3)(b)   Use correct diagnostic nomenclature, abbreviations and charting symbols
      4a(3)(c)   Review and make entries on patient treatment forms

TRAINING REFERENCES:

      CDC 4Y051B
      AFI 47-101, *Managing Air Force Dental Services*

EVALUATION INSTRUCTIONS:

      After ensuring the trainee has received sufficient supervised practice, evaluate trainee's abilities using the performance checklist

PERFORMANCE RESOURCES:

      Pen
      SF Form 603
      AF Form 2100 Series, Health Record-Dental

STEPS IN TASK PERFORMANCE:

1. Instruct the trainee to chart the following diseases and abnormalities using black or blue-black ink in Section 5 of SF 603:
   - #2 Mesio-occlusal caries
   - #3 Distal caries
   - #4 Extraction indicated
   - #6 Mesial caries
   - #7 Periapical Abscess
   - #8 Fractured crown
   - #9 Vertical fractured root-extraction indicated
   - #10 Abscess and fistula, underfilled root canal filling
   - #11 Resorbed root
   - #14 Defective Mesial-occlusal restoration (outline area of restoration to be replaced)
   - #15 & #16 Cyst involving both teeth
   - #17 Unerupted tooth
   - #20 Residual root requiring removal
   - #23 - 26 Gingival crest-continuous line
   - #23 - 26 Alveolar crest-continuous line
   - #32 Impacted tooth with mesial inclination

2. Check charting against the following figure:
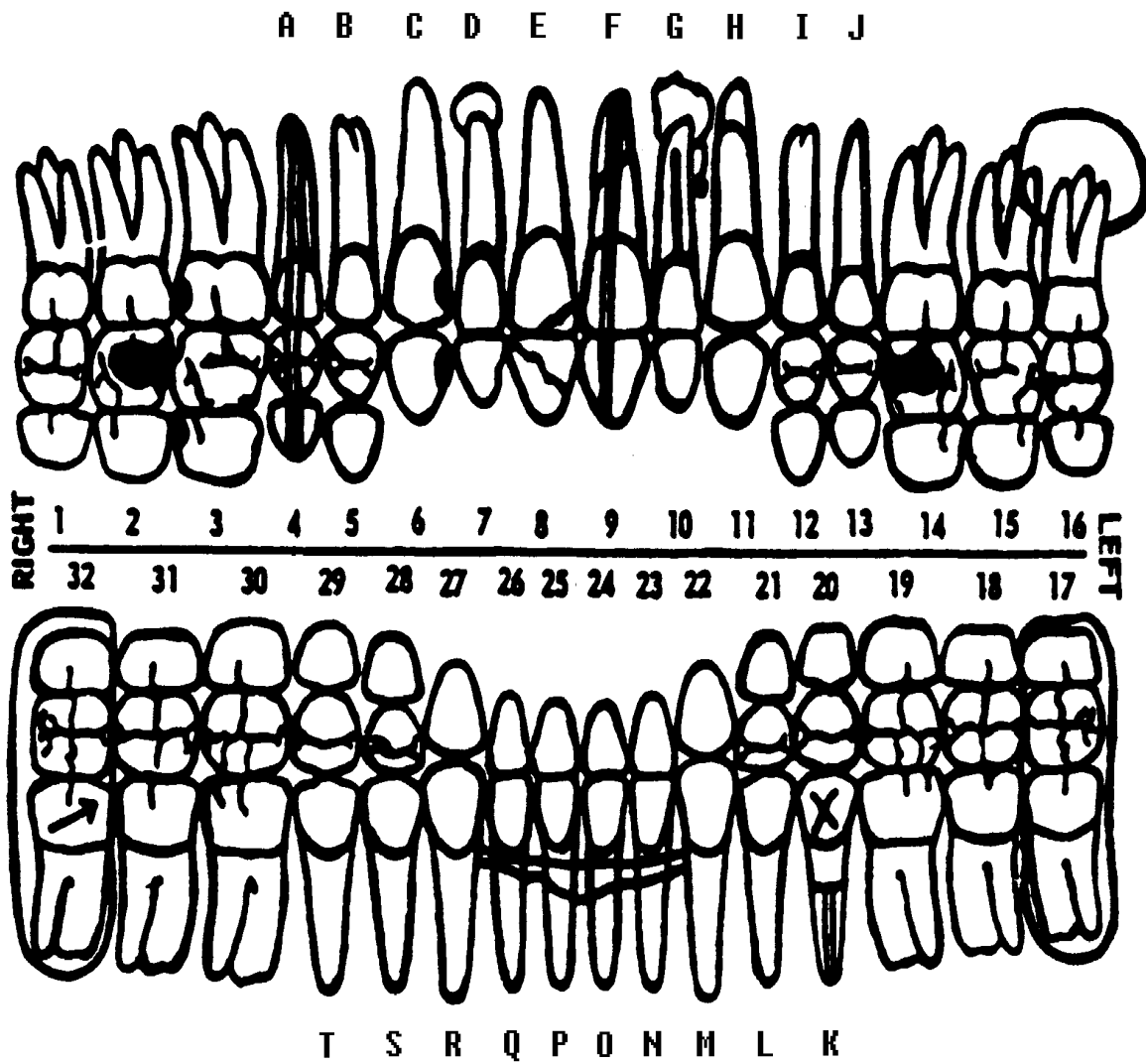
MODULE 5-4B   CHARTING DISEASES AND ABNORMALITIES

PERFORMANCE CHECKLIST

INSTRUCTIONS:

>   The trainee must satisfactorily perform all parts of the task without error or assistance.
>   Evaluate the trainee's performance using this checklist.

DID THE TRAINEE…?	YES	NO
1. Chart findings in Section 5 of SF 603		
2. Use accurate charting symbols		
3. Use black or blue-black ink		

FEEDBACK:

Provide trainee with appropriate feedback. (Refer to Introduction)

MODULE 5-4C   RECORDING INFORMATION ON PATIENT TREATMENT FORMS

STS TASK REFERENCES:
>   4a(3)(b)   Use correct diagnostic nomenclature, abbreviations and charting symbols
>   4a(3)(c)   Review and make entries on patient treatment forms

TRAINING REFERENCES:
>   CDC 4Y051B
>   AFI 47-101, _Managing Air Force Dental Services_
>   AFCSM 47-226 Vol 1/2, _Dental Data System (DDS): I017/DD Software Center Operator_
>   _Manual_

EVALUATION INSTRUCTIONS:
>   After ensuring the trainee has received sufficient supervised practice, evaluate trainee's
>   abilities using the performance checklist

PERFORMANCE RESOURCES:
>   AF Form 644, Record of Dental Attendance
>   AF Form 644B, Dental Officer of the Day/Dental Charge of Quarters Patient Log
>   Pen/marker

STEPS IN TASK PERFORMANCE:
1. Document treatment provided on appropriate form (AF Form 644, 644B)
2. Using ink or felt-tip marker make entries in appropriate blocks:
    a. _Name of Patient_ - Enter the patient's last name, first name, and middle initial
    b. _Rank_ - Enter the sponsor's rank
    c. _Organization or Home Address_ - If the sponsor is active duty (AD), enter
        sponsor's organization, otherwise enter patient's home address
    d. _Name of Sponsor_ - Enter sponsor's last name, first name, and middle initial. If patient is
        military, leave blank
    e. _Sponsor's SSN_ - Enter the sponsor's social security number
    f. _Date_ - Enter the date the services are rendered
    g. _Time_ - Use military time to annotate time of day services are rendered
    h. _Clinic_ - Enter the appropriate number (main base facility is coded "1")
    i. _Beneficiary Type_ - Enter beneficiary type as shown on form
    j. _Encounter Type_ - Enter primary reason for patient's visit. Enter letter as shown on form
    k. _Appointment Use_ - Enter letter of how appointment was used; follow preprinted guide
    l. _Provider Code_ - Enter the numeric code for the provider who treated the patient
    m. _Radiographic Prescription_ - Enter type of radiograph requested, and whether it is routine
        or STAT; circle a number to indicate tooth requested for periapical radiographs
    n. _Treatment Narrative_ - Enter treatment narrative for transcription to SF Form 603/
        603A. Use only approved nomenclature and abbreviations

o. *Complete* "SDP Notification Required" or "Notification Not Required" box for PRP personnel

p. *Dental Class* - Enter patient's current dental classification after treatment

q. *Name/Rank of Provider/Assistant* – Provider signs/stamps here to indicate review and acceptance of the accuracy and completeness of the AF Form 644. The assistants signs/stamps alongside the provider

r. *Dental Procedures and Services* - Code procedures for this patient visit

s. *Dental Class* – Must complete dental classification for active duty members

t. *Date of Update* - Enter the periodic dental examination date as YYMMDD

u. *Caries* – Enter number that best describes patient's caries risk

v. *Perio-0* – Number of sextants (0-6) which patient has a PSR (periodontal screening and recording)

w. *Perio-4* – Number of sextants (0-6) which the patient has a PSR of 4

x. *Other* – Number that corresponds to the patient's tobacco use

MODULE 5-4C   RECORDING INFORMATION ON PATIENT TREATMENT FORMS

PERFORMANCE CHECKLIST

INSTRUCTIONS:

> The trainee must satisfactorily perform all parts of the task without error or assistance. Evaluate the trainee's performance using this checklist.

DID THE TRAINEE…?	YES	NO
1. Choose appropriate form (AF Form 644, or 644B)		
2. Document patient identification		
3. Identify and explain proper documentation for treatment provided		
4. Identify and explain use of approved nomenclature		
5. Identify and explain use of only approved abbreviations		

FEEDBACK:

Provide trainee with appropriate feedback. (Refer to Introduction)

MODULE 5-5   FILING DENTAL HEALTH RECORDS

STS TASK REFERENCE:

     4a(4)   File dental health records

TRAINING REFERENCES:

     CDC 4Y051B
     AFI 37-138, *Records Disposition--Procedures and Responsibilities*
     AFMAN 37-139, *Records Disposition Schedule*
     AFI 47-101, *Managing Air Force Dental Services*
     Local Instructions

EVALUATION INSTRUCTIONS:

     After ensuring the trainee has received sufficient supervised practice, evaluate trainee's abilities using the performance checklist

PERFORMANCE RESOURCES:

Dental Health Records
Record Filing System

STEPS IN TASK PERFORMANCE:

1. Determine which section the dental health record will be filed into, i.e. Fly, SDP, foreign national, active duty, or family member/retiree
2. File dental record in terminal digit sequence
   a. File records according to groups of digits, working from right to left through the social security number and the family member prefix code
   b. File the record in numerical sequence starting with the last two digits
   c. A record labeled "03-149-68-4238" would be filed as follows:
      (1) File first under 38 and then within that group, under 42
      (2) Work left through digit groups 68, 149, and 03, until there are no duplications
      (3) Remove AF Form 250-Charge Out from file after placing record

MODULE 5-5   FILING DENTAL HEALTH RECORDS

PERFORMANCE CHECKLIST

INSTRUCTIONS:

The trainee must satisfactorily perform all parts of the task without error or assistance. Evaluate the trainee's performance using this checklist.

DID THE TRAINEE…?	YES	NO
1. Determine filing section prior to filing		
2. File the dental record in terminal digit sequence order		

FEEDBACK:

Provide trainee with appropriate feedback. (Refer to Introduction)

MODULE 5-6   IDENTIFYING TYPES AND REQUIREMENTS OF DENTAL EXAMS

STS TASK REFERENCES:
      4b(1)   Identify types and requirements of exams
      4b(3)   Identify dental readiness classifications

TRAINING REFERENCES:
      CDC 4Y051B
      AFI 47-101, *Managing Air Force Dental Services*
      AFCSM 47-226 Vol 1/2, *Dental Data System (DDS): I017/DD Software Center Operator*
          Manual

EVALUATION INSTRUCTIONS:
      After ensuring the trainee has received sufficient supervised practice, evaluate trainee's
      abilities using the performance checklist

PERFORMANCE RESOURCES:

Dental Health Record
AF Forms 644 and 644B

STEPS IN TASK PERFORMANCE:

1. Identify purpose of exam
2. Annotate purpose of exam on appropriate forms
3. Route patient through appropriate area(s) of clinic
4. Identify dental class based on dentist's exam findings
5. Indicate when dental class requires updating
6. Annotate dental class on appropriate forms
7. Identify process for treating patients in Class 3 and 4

MODULE 5-6   IDENTIFYING TYPES AND REQUIREMENTS OF DENTAL EXAMS

PERFORMANCE CHECKLIST

INSTRUCTIONS:

> The trainee must satisfactorily perform all parts of the task without error or assistance. Evaluate the trainee's performance using this checklist.

DID THE TRAINEE…?	YES	NO
1. Identify purpose for exam and explain different types		
2. Annotate type of exam on appropriate forms		
3. Identify dental class based on dentist's exam findings		
4. Indicate when patient's dental class requires updating		
5. Route patient through appropriate section(s) of clinic after exam		
6. Identify steps for scheduling patients in class 3		

FEEDBACK:

Provide trainee with appropriate feedback. (Refer to Introduction)

Dental Assistant Qualification Training Progress Record

Rank/Name _____

Qualification Upgrade Training to: **5-Skill Level**

			Volume 5. Patient Administration		
Core Task	*Module Number*	*Page Number*	*Module Title*	*Date Completed*	*Trainer's Initials*
⑤	1	1	Verifying Patient Eligibility for Care & Scheduling Patient For an Appointment		
⑤	2	3	Initiating Dental Health Records		
	3	7	Assisting with Requests for Medical Service Consultations		
⑤	4	9	Recording Treatment in Dental Health Records		
⑤	5	19	Filing Dental Health Records		
⑤	6	21	Identifying Types & Requirements of Dental Exams		

If Module does not have a Core Task listed, it is not mandatory for a 5-level. Example is Module 3. The trainee can be signed off on these items, however they are not required for upgrade to a 5-level.

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MEMORANDUM FOR   381 TRS/XWAA (CDC Manager)
                                   917 Missile Rd
                                   Sheppard AFB TX 76311-2246

FROM:

SUBJECT: Qualification Training Package Improvement

1. Identify volume and module.

   Volume #_____

   Module # and title_____

2. Identify improvement/correction section(s)

_____ STS Task Reference	_____ Performance Checklist
_____ Training Reference	_____ Feedback
_____ Evaluation Instructions	_____ Format
_____ Performance Resources	_____ Other
_____ Steps in Task Performance	

3. Recommended changes--use a continuation sheet if necessary.

_____

_____

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_____

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4. You may choose to call in your recommendations to DSN 736-6960 or FAX DSN/Commercial 736-6928 or (817) 676-6928.

5. Thank you for your time and interest.

                                     YOUR NAME, RANK, USAF
                                     Title/Position